U. S	OST REÍMBUR:	SABLE (Department, bureau,				-	PAI	D BY
Voucher prep	ared at				••••••			
		(Give place and date) Payee's Account No.			Enef#1			
THE UNITED S	STATES, Dr.,	Payees A	account Ivo.			10	DD-242	2-5
To		(T)				- '	COPY /	OF '2
	*	(Payee)			_ _		
	rbbA)	(000)	(4.10)	(State)	T T		DDIOE	AN
No. and Date of Order	Date of Delivery or Service	(Enter description, item schedule, and other	LES OR SERVICES number of contract or Federal information deemed necessary	supply 7)	QUANTITY	Cost	PRICE	Doll
		Discount Terms						\$9
		Costs						Ψラ
						į		
					į			
PAYMENT: Complete								
Partial								
Final			nation sheet(s) if necessary		-		- m - 1	\$9
Shipped from	t			B/L No.	ee must NO	T use this	Total	- \$9
I certify that the	above bill is correct	and just and that payment l	has not been received.		ices		400 000	
		(Sign original only)						
			v.					
Date 3-26-59 *Power		d when a like certificate is made by payee on attached bill or bills)		Amount verified; correct for			or	\$ 5
Per		Fitle		(Sign	nature or ini	tials) El		
Contract No.	(10	/ Date	Reg. No.	I	Date		Invoice Rec	d.
Pursuant to auth	ority vested in me, l	I certify that this account is o	correct and proper for payment.					
			†			ized Cortify	ying Officer)	
			SIGN					
Ву			ORIGINAL Title ONLY					
Title			Date					
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WHEN	N PURCHASES ARE MADE OR SERVICES S	SECURED WITH	IOUT WRITTEN	AGREEMENT	IN ANY FORM	
	ACCOU	NTING CLASSIFICATION (Appropriation Symbol must be	shown; otl	nor classific	ation optic	onal)	
						-		
	4.4							
	•	•						
			dated, 19, for \$, on, 19 Payee		fon Treasurer of the United State and Page named above.			
Checl	s No.	dated					e named above	.

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040102-9 STATOTHR Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040102-9